

Howard Preston Bradley

Died at Henshaw Town Dorchester County MARYLAND
 Date 1903 5 18 Month Day Y. 29 M. 8 D. 6 Native of Maryland Occupation mechanic
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 1

Husband of Kate M. Bradley

Wife Katherine M. Bradley Father's Name Wilcoxon Mother's Name Emily Hofflein

Cause of Death Primary Tuberculosis How long sick 17 months
Immediate Exhaustion 27 Accident, Suicide, Homicide

Reported by G. Rods Meyer, M.D.

Address Henshaw  Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles Haywood
Secretary

Town

County

MARYLAND

Died at

Date 1803

Month

Day

Y.

M.

D.

Native of

Age

23

Md.

Occupation

Eggtownman

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Thomas Haywood

Mother's
Name

Mary Haywood

Cause of

Primary

How long sick

2 years

Death

Cause

Tuberculosis

Accident, Suicide, Homicide

Reported by

Dr. A. L. Sayer

Address

9. Rue [redacted] Monkton

Md



Sarah Holland

Town

County

MARYLAND

Died at

Cambridge Dorchester

Month

Day

Y.

M.

D.

Native of

Date 1903

May 21.

Age 57, 8 20

Md.

Occupation

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Joseph Holland

Wife

Mother's

Father's Name

Husband Name

Edward Church

Mary L. Church

Cause of

Primary

Aortic Stenosis

How long sick

1 year

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Wilbur A. Drake, M.D.

Address

Cambridge [REDACTED] Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wesley Stanley Johnson

Town

County

Cambridge Dorchester

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

May 16

Age

1-5

Cambridge

Male

White

Married

Widow

Divorced

Female

Colored

Separated

Widower

Number of children living

Husband of

Wife

Father's

Name

Alex Johnson

Mother's
Maiden Name

Ella Salott

Cause of

Primary

unknown

How long sick

never well

Death

Immediate

179

Accident, Suicide, Homicide

Reported by

LeCompte & Harper
Cambridge Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In
Full

Jordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Cambridge		Duchesne			
Date of death 1903	Month May	Day 20	Age	Years	Months	Days
Sex	male	Color or Race	White	Birth- place	Cambridge Md	
Married, <input checked="" type="checkbox"/> or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	J. Audrey Jordan			Father's Birthplace	Duchesne	
Mother's Maiden Name	Maryann K. Johnson			Mother's Birthplace	Duchesne	
Name of person giving Information	Talbot			How related to deceased		

CAUSES OF DEATH

Primary	Premature birth a Lead		How long
			—
Immediate	Central Hemorrhage		How long
			—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Bon Sola boroway
		Address	Cambridge Md
Accident or Suicide?			



Name
in
Full

Mary Eliza Maser

CERTIFICATE OF DEATH

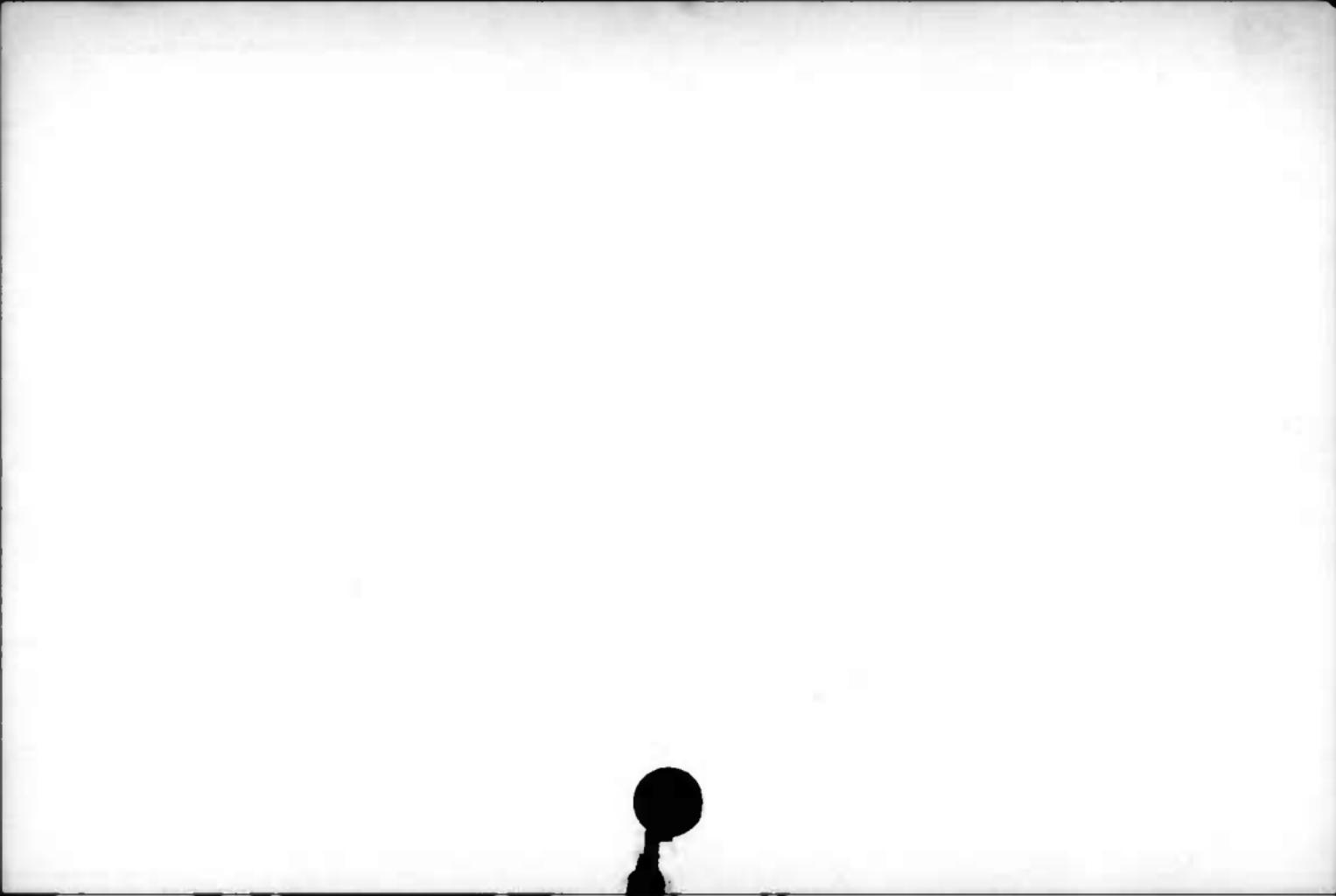
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Harrisville	Brooke Co.			
Date of death 1903	Month May	Day 19-	Years 43	Months -	Days -
Sex Female	Color or Race Colored	Occupation House work	Birth-place	Brooke Co.	
Married, Single or Widowed					
Name of Wife or Husband	Joseph H. Maser				
Father's Name	Richard B. & wife Abram Bishop				
Mother's Maiden Name	Eliza Bowley				
Name of person giving Information	Joseph Maser				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	3 weeks
Immediate	Convulsions	How long	one day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	O. J. Maguire	
	Address	Chesapeake	
Accident or Suicide?			



Name
in
Full

Walter Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month	Day	Years	Months	Days	
Sex	male	Color or Race	White	Age	Birth-place	James. Md	
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		L Edgar Marshall					
Mother's Maiden Name		Hattie Sp Spudden					
Name of person giving information		L E Marshall					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

marasmus. would not nurse

How long

3 weeks

Immediate

or take nourishment

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S A Stokes

Address

R #6 #5 Cambridge
Md

Accident or Suicide?



Sarah Jane Nickole

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

May 31

Age

44

-

-

Md

Occupation

domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Thomas R. Nickole

Wife

Father's

Name

Mother's

Maiden Name

Emma Maria Wongus

Cause of

Primary

Abdominal Tumor

How long sick

3 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Wilbur A. Drake, M. D.

Address

Cambridge

Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Geo. Washington Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	69	1	9
Married, Single or Widowed	Single		Occupation	Fishing Creek		
Name of Wife or Husband						
Father's Name	John Parker		Father's Birthplace	Fishing Creek Md		
Mother's Maiden Name	Mary E. Travers		Mother's Birthplace	Fishing Creek Md		
Name of person giving Information	Alice Lewis		How related to deceased	Niece.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gun shot wound of Abdomen

How long

—

Immediate

Hemorrhage

collapse

How long

about 1 hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W.H. Houston M.D.

Address

Fishing Creek

Accident or Suicide?

Suicide



Name
in
Full

Howard Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 12	Years	Months	Days 5
Sex Male	Color or Race colored	Occupation	Birth-place Cambridge Md		
Married, Single or Widowed single					
Name of Wife or Husband					
Father's Name Elijah E. Perry				Father's Birthplace	Baltimore
Mother's Maiden Name Rebecca Borden				Mother's Birthplace	Baltimore
Name of person giving information Elijah E. Perry				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Umbilical Hernia	How long
	Immediate	Thiamin	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Thomas Martin Ferry

CERTIFICATE OF DEATH

Died at Cambridge

County
Duchess

MARYLAND

TO BE ANSWERED BY

NEAREST FRIEND

Date of death 1905	Month May	Day 28	Years —	Months 5	Days 1
Sex Male	Color or Race colored	Birth-place Wor. Co. Md.			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name Wm. Martin Cornish	Father's Birthplace D.V.R. Co. Md.				
Mother's Maiden Name Lurid Nichols	Mother's Birthplace Talbot Co. Md.				
Name of person giving information Lurid Cornish	How related to deceased Mother				

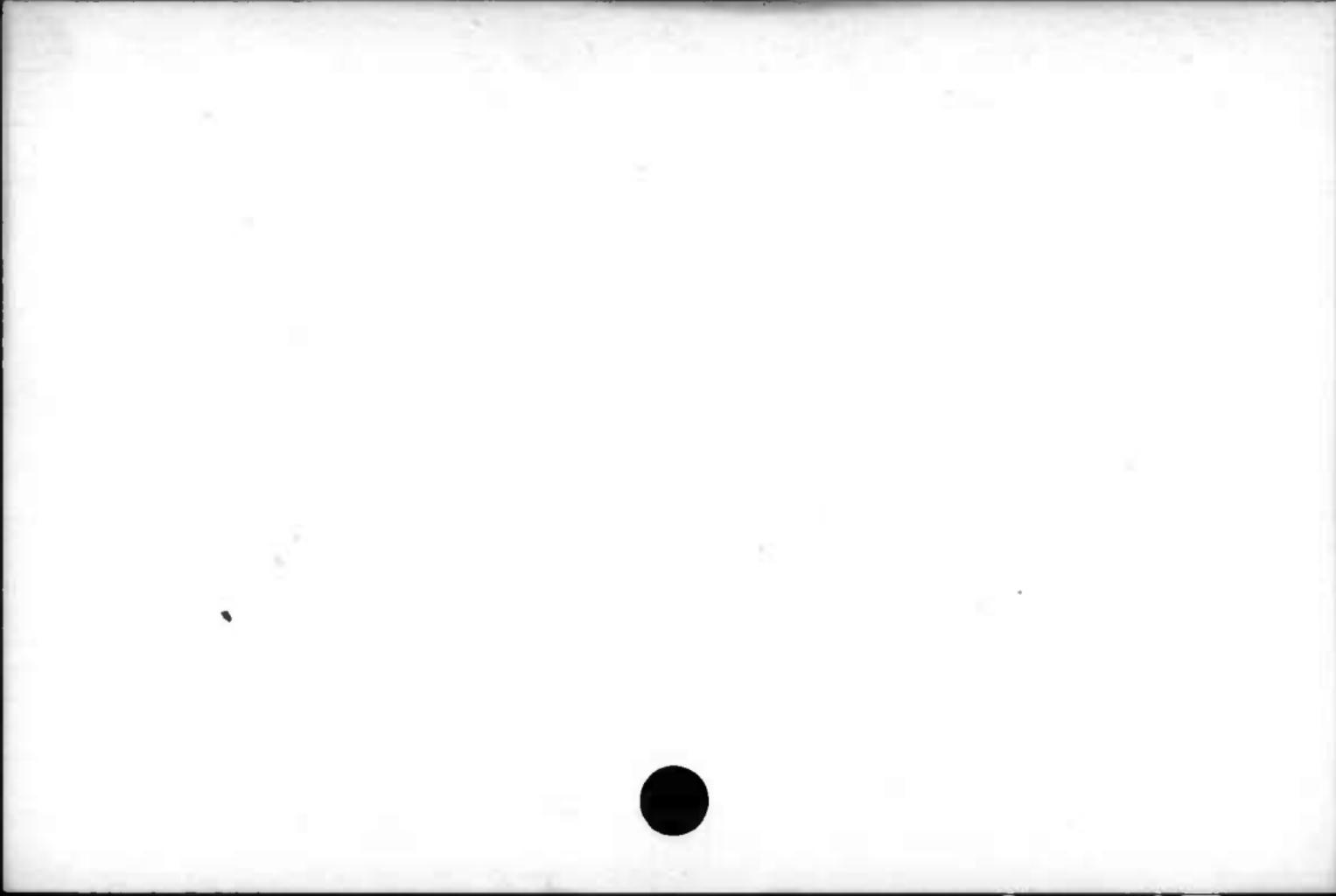
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Brain fever	How long 2 weeks
Immediate Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician
	Address

Henry Steele
Cambridge Md.

Accident or Suicide?



Name
in
Full

Oda T. Ellman

CERTIFICATE OF DEATH

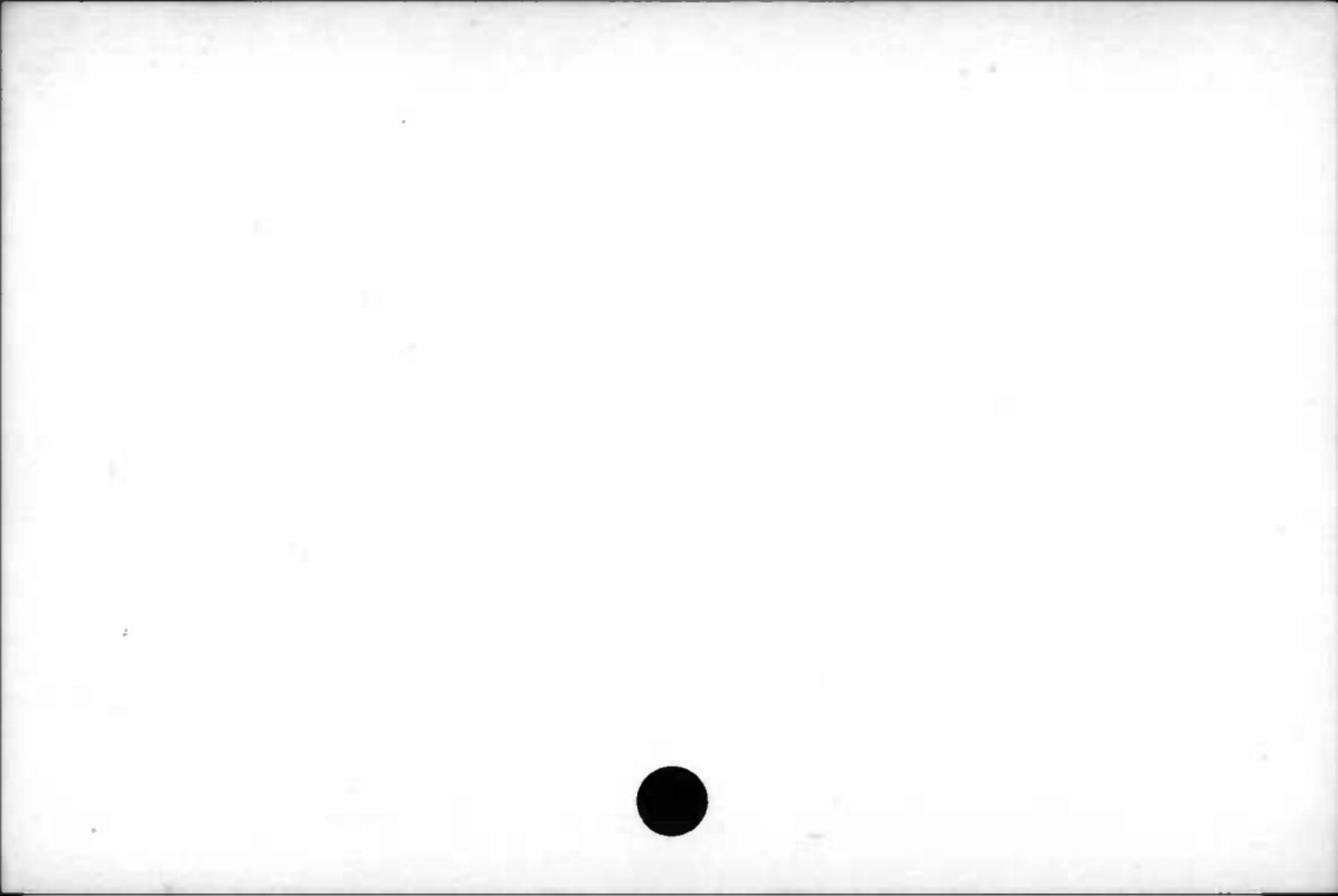
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Madison	Worchester				
Date of death	1903	Month May	Day 13	Years Age	9	Months - Days -
Sex	Male	Color or Race	Colored	Birth- place	Madison	
Married, Single or Widowed			Occupation	School Boy		
Name of Wife or Husband	—					
Father's Name	Sol. Ellman		Father's Birthplace	Worchester Co		
Mother's Maiden Name	Mary Jane Offer		Mother's Birthplace	Worchester Co		
Name of person giving Information	Russell Offer		How related to deceased	Uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions	70	How long	2 days
Immediate	Convulsions		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Off Maguire		
	Address	Sturaph Creek Rd.		
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

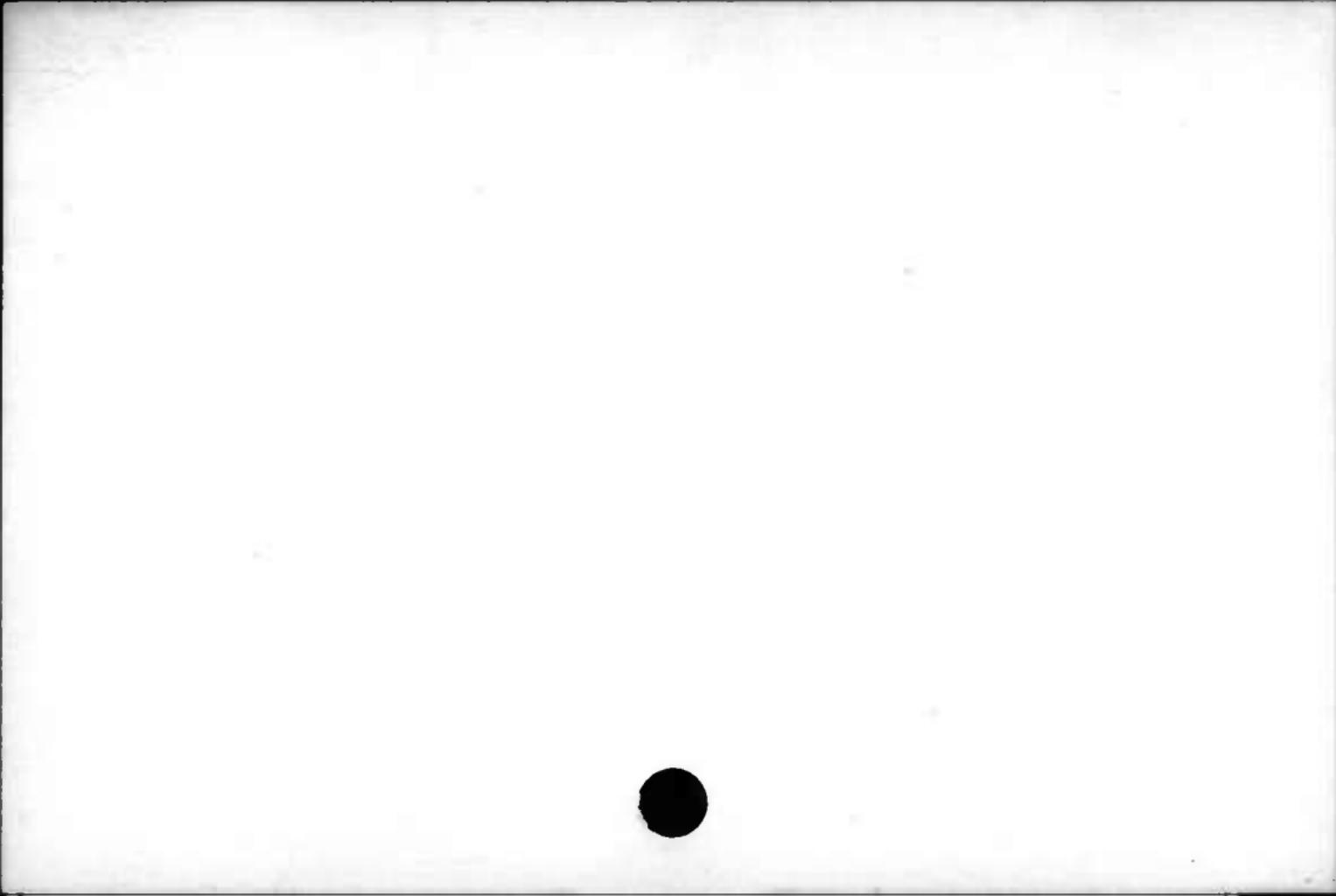
Samie Turner

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Female	Color or Race	White	Age	4	-	
Married, Single or Widowed	Occupation		Birth-Place			
Name of Wife or Husband	-		Maryland			
Father's Name	Benjamin Turner		Father's Birthplace			
Mother's Maiden Name	Mary Ellen Cleay		Mother's Birthplace			
Name of person giving Information	-		How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Measles.</u>	How long <u>3 days</u>
	Immediate <u>Bronch. Pneumonia</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. F. MacQuire, M.D.</u> Address <u>One off Chest Rd</u>
Accident or Suicide?		



Name
in
Full

Samuel Travers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Madison	Dorchester		
Date of death	Month	Day	Years	Months Days
1903	May	13 ¹	About 50	
Sex	Color or Race	Birth-place		
Male	White	Dor. Co. Md.		
Married, <input checked="" type="checkbox"/>	Occupation	Farmer		
Widowed				
Name of Wife or Husband	Matilda Travers			
Father's Name	Vachel Travers		Father's Birthplace	Dor. Co. Md
Mother's Maiden Name	Sarah Fitzhugh		Mother's Birthplace	Dor. Co. Md
Name of person giving information	Matilda Travers		How related to deceased	Wife

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	about 9 month
Immediate	21	How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	B. L. Amick M.D.
		Address	Madison, Md.
Accident or Suicide?			



Murray Hillon Waters

Town

County

MARYLAND

Died at

Cambridge, Dorchester

Month

Day

Y.

M.

D.

Date 1903

May 30

Age 19

9

22

Native of

Occupation

Male

White

Age

M.

D.

Married

Widow

Native of

Occupation

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

John B. Waters

Mother's Maiden Name

Cosmopolitan
Martina ~~Frances~~

Cause of

Primary

Pulmonary Phthisis

How long sick

5 months

Death

Immediate

Pulmonary Hemorrhage

Accident, Suicide, Homicide

Reported by

Wilbur A. Drak, M. D.

Address

Cambridge

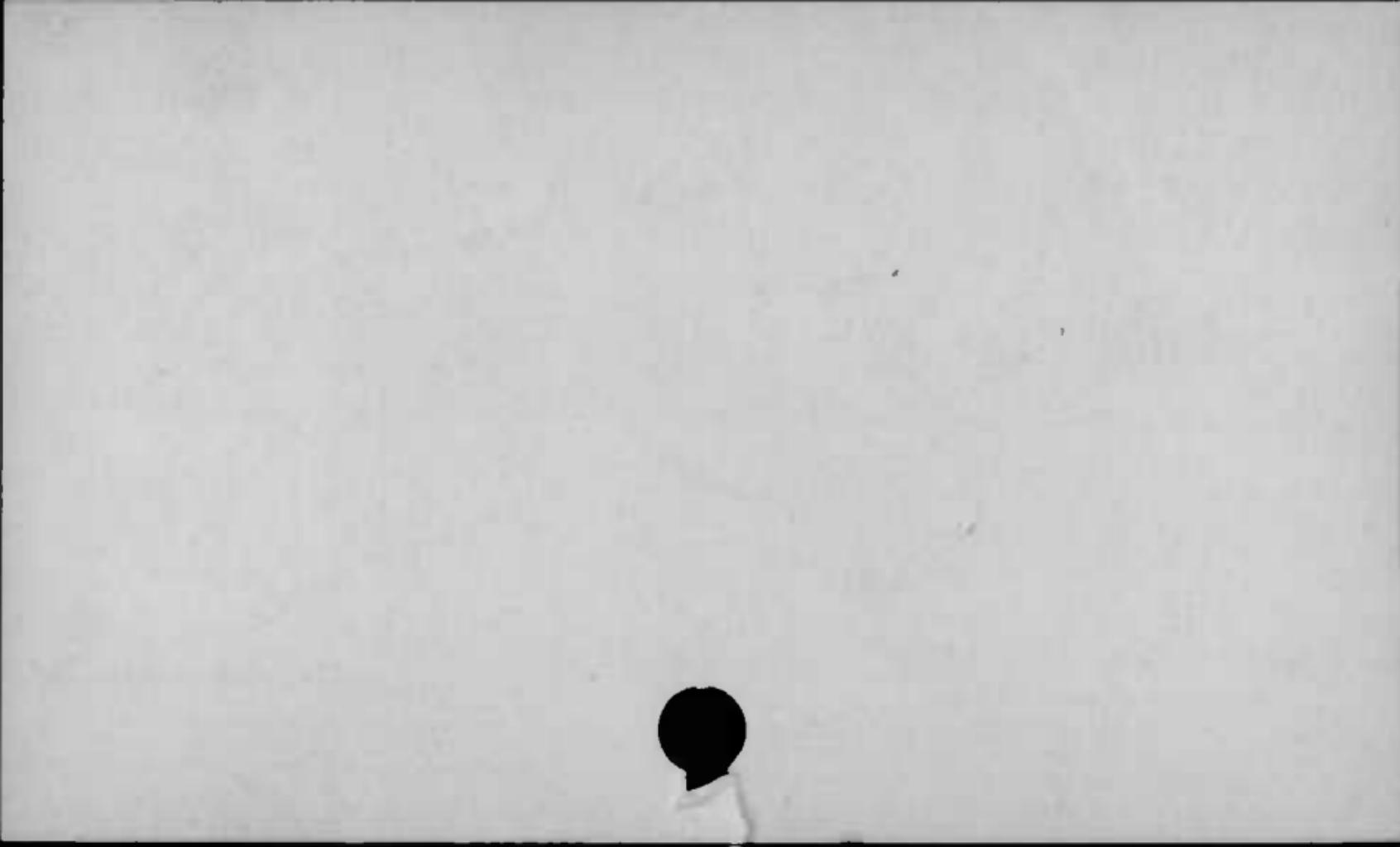
Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



<i>Solomon J. Wiley</i> Vienna District County of Frederick						MARYLAND
Died at	in	Month	Day	Y. M. D.	Native of	Occupation
Date 1903	May 9	Age	74-6	ororohist b	Farmer	
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living	8	
Husband of	<i>Sallie E. Phillips</i>					
Wife						
Father's Name	<i>Matthew Wiley</i>		Mother's Maiden Name	<i>don't know</i>		
Cause of Death	Primary	<i>Inactivity of Liver</i>			How long sick	<i>sixty days</i>
	Immediate					<u>Accident, Suicide, Homicide</u>
Reported by	<i>S. S. Ewell M.D.</i>					
Address	<i>Vienna</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary C. Willis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1903	May	* 24 th	55			
Sex	Female	Color or Race	Age	Birthplace		
Married, Single or Widowed	Widowed	Occupation	Housework			
Name of Wife or Husband	William St. Willis					
Father's Name	Thomas Mace	Father's Birthplace	Dorchester Co., Md.			
Mother's Maiden Name	Elizabeth Woolford	Mother's Birthplace	Dorchester Co., Md.			
Name of person giving Information	William St. Willis	How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Asphyxia inimorum - Asphyxia
by submersion in the water of a stream

How long

Probably

Immediate

Leaving Church Creek

How long

a few minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. L. Smithson, M.D.

Address

Church Creek, Md.

* Probably about 10 o'clock
a.m.

Accident or Suicide?

Suicide

100-001

Name
in
Full

Joseph S Woolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Dorchester				
Date of death 190	Month	Day	Years	Months	Days
3 May		6 th	67	-	-
Sex	Color or Race	Birth-place			
Male	White	Maryland			
Married, Single or Widowed	Occupation	Farmer			
Single					
Name of Wife or Husband					
Father's Name	Tom H Woolford				
Mother's Maiden Name	Sallie Piffen				
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemiplegia

How long

3 days

Immediate

6x

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Maguire
Clayton Creek Md.

Accident or Suicide?



Name
in
Full

Sarah A. Woolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died	Town	County	MARYLAND		
Near Madison	Dorchester				
Date of death 1903	Month May	Day 25 th	Age 79	Months 6	Days
Sex Female	Color or Race White	Occupation Housewife	Birth- place Dor. Co. Md.		
Married, Single Widowed					
Name of Husband Stephen B. Woolford					
Father's Name John Brooks, (John Brooks,)			Father's Birthplace Madison, Md		
Mother's Maiden Name Cantil Ascertain			Mother's Birthplace Madison, "		
Name of person giving Information Joseph W. Brooks			How related to deceased Half brother		

CAUSES OF DEATH -

PHYSICIAN
OR CORONER

Primary Cancer	45	How long Several Years
Immediate Extreme prostration		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician B. L. Smith MD	
Address Filed 1903		Madison, Md
Accident or Suicide?		

